

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$172.00 for dates of service 06/01/01, 12/28/01 and 01/04/02. The provider submitted an updated Table of Disputed Services on 10/09/02.
- b. The request was received on 03/27/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 Letter Requesting Dispute Resolution dated 08/13/02
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Letter submitted to C&P dated 03/25/02
 - e. New Table of Disputed Services faxed 10/09/02
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 08/02/02
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/19/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/22/02. The response from the insurance carrier was received in the Division on 08/02/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

“By TWCC Rule 133.307 (j)(2) the commission can only review the denial code given by the carrier before MDR. The request for reconsideration was received by carrier as proven and (Carrier Rep) is trying to use his MDR statement as the response to our request for reconsideration. Provider has followed every rule required by the commission in this matter.”

2. Respondent:

“For the dates of service 5-16-01, 5-17-01, 5-18-01, 5-21-01, 5-22-01, 5-24-01, 5-30-01, 5-31-01, 6-5-01, 6-13-01, 6-22-01, 6-29-01, 7-6-01, 7-19-01, 7-26-01, 7-27-01, 8-1-01, 8-14-01, 8-15-01, 8-29-01, 9-4-01, 9-5-01, 11-16-01, 12-10-01, 12-11-01, 12-17-01, 12-4-01, 2-14-02, & 2-18-02 the explanation of benefits forms attached show that payment was made with appropriate reductions per applicable fee guidelines.”

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 06/01/01, 12/28/01 and 01/04/02.
- Three EOBs were submitted with the denial codes of “N-Not Documented.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/01/01	97035	\$22.00	\$0.00	No EOBs	\$22.00	MFG MGR (I)(A)(10) CPT descriptor	No EOBs were submitted by either party in the dispute packet. Medical documentation indicates that the services were rendered and billed according to the CPT descriptor. Therefore, reimbursement is recommended in the amount of \$22.00 for one body area.
06/01/01	97010	\$11.00	\$0.00	No EOBs	\$35.00 (each 15 minutes)	MFG MGR (I)(A)(10) CPT descriptor	No EOBs were submitted by either party in the dispute packet. Medical documentation indicates that the services were rendered and billed according to the CPT descriptor. Therefore, reimbursement is recommended in the amount of \$11.00 .

12/28/01 01/04/02	99213	\$48.00 \$48.00	\$0.00 \$0.00	N N	\$48.00	MFG E/M GR (IV)(C)(2) CPT descriptor	<p>N-“...TWO OF THE THREE KEY COMPONENTS (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; ...” “Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the three key components: an expanded problem focused history; an expanded problem focused examination; medical decision of low complexity.”</p> <p>Medical documentation does not meet two of the three components required of the CPT descriptor 99213 for the dates of service in dispute. Therefore, reimbursement is not recommended.</p>
01/04/02	97750-MT	\$43.00	\$0.00	N	\$43.00 (per body area)	MFG MGR (I)(E)(3) CPT descriptor	<p>Medical documentation supports the services were rendered for the date or service in dispute. Therefore, reimbursement is recommended in the amount of \$43.00.</p>
Totals							The Requestor is entitled to reimbursement in the amount of \$76.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$76.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16th day of October 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division